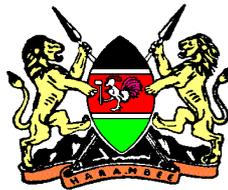


**REPUBLIC OF KENYA**



**THE PRESIDENCY  
MINISTRY OF DEVOLUTION AND PLANNING**

**PARTICIPATORY POVERTY ASSESSMENT V**

**MIGORI COUNTY**

**OCTOBER 2014**

**KFNYA**   
**VISION 2030**  
**Towards a Globally Competitive and Prosperous**

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## **FOREWORD**

Participatory Poverty Assessment (PPA) V is a mechanism through which identified communities give their own definition and understanding of poverty. This PPA covered 47 counties unlike previous ones which covered selected districts.

The main objective of this exercise was to establish the impact of various Government policies, strategies, programmes and projects aimed at reducing poverty. It further sought to capture the voices of the poor in the communities with special focus on the impact of social protection initiatives. In particular the study covered the following broad issues: poverty dynamics and indicators, provisions of government services on; health, education, agriculture, housing, water and sanitation, pro-poor initiatives and devolved funds.

The definition of poverty varies from the community to the other. From their point of view, poverty was generally defined as inability to meet basic human needs such as food, shelter, clothing, education and health.

This study found out that, levels of poverty from community perspective has been rising despite various pro-poor initiatives undertaken by the government over the years. It is worthy to note many at the clusters visited did not understand how the pro-poor initiatives operate. On Cross-cutting issues such as HIV/AIDS, drug and substance abuse, gender disparity on property ownership, degradation and poor governance on devolved funds and pro-poor initiatives were reported to be on the rise.

The findings from the study will be used as lessons learnt in designing County based programmes. Communities for example, have come up with diverse coping mechanisms on poverty. Some of these include women merry-go-round and small scale business. This will be upgraded to other notable initiatives like table banking concept and training Counties to benefit from UWEZO and other related funds. They will be a reference point in designing current and future interventions on reducing poverty and regional disparities. I call upon our internal and external stakeholders to utilize the respective PPA V county reports to inform policy and decision-making.

**Ann Waiguru, OGW**  
**Cabinet Secretary**  
**Ministry of Devolution and Planning**

## **ACKNOWLEDGEMENT**

The Migori County Participatory Poverty Assessment Report is the first of its kind that has the County as the key reference point on poverty profiling since the promulgation of COK, 2010 and ultimately the formation of County Governments after the general elections of 2013. It is derived from the 5th National Participatory Poverty Assessment (PPAV) Report whose findings have been published simultaneously with the 47 County Reports.

Foremost, I take this opportunity to sincerely thank and acknowledge all individuals and institutions who collectively contributed their time and resources towards the production of this Report. In particular, valuable leadership and policy guidance was provided by Stephen Wainaina, the Economic Planning Secretary and Moses Ogolla, the Director Social & Governance Department. The Department of S&G provided the secretariat that was charged with the responsibility of undertaking the exercise and finally the production of both the National Report and the County specific Reports covering the 47 Counties,

The following team of officers without whose dedication and enthusiasm, the production of this Report would have been much more challenging deserve mention; Samuel Kiptorus ( Chief Economist), James M. Kirigwi ( Chief Economist), Leonard Obidha ( Secretary, Poverty Eradication Commission), Cosmas Muia ( Principal economist), Joseph Njagi ( Senior Economist), Micheal Mwangi ( Senior Economist), Samuel Kimote ( Senior Economist), Erick Kiilu ( Senior Economist), Chrisantos Okioma ( Economist I) and Douglas Manyara ( Economist I).

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The ministry is also indebted to the team of dedicated consultants comprising Munguti K. Katua as the lead assisted by J.T Mukui and George Mbate. Their experience and policy guidance was instrumental in the production of key documents and tools that were utilized during the field exercise as well as in the finalization of both the National Report and individual 47 County Reports.

Finally, the Ministry is grateful to the respective County Governments and their staff, National Government staff in the Counties, communities and their leaders as well key informants especially in their role in community mobilization and laying of logistics for a successful poverty assessment exercise within their areas of operation. Specifically, we thank targeted communities for turning up in large numbers and participating with enthusiasm during Focused Group Discussions (FGD) sometimes often late into the evenings thus making the work of our facilitators a success.

**Engineer Peter O. Mangiti**  
**Principal Secretary**

## EXECUTIVE SUMMARY

Participatory Poverty Assessment (PPA) is a mechanism through which identified groups of people give their own definition and understanding of poverty based on their own perspectives. The government conducted PPA I in 1994, PPA II in 1996, PPA 3 in 2001 and PPA 4 in 2005/06. Between November 2012 and February 2014, the National Government conducted PPA V whose overall objective is to contribute to Kenya's poverty reduction strategy, by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In particular, the survey sought the community's perspectives on poverty dynamic diagnostics and the provision and impact of selected wellbeing services including agriculture, education, health social protection and other devolved funds. Perspectives of the community were sought on the awareness of the availability of these services, accessibility and affordability.

This report presents the findings of the PPA V survey in **Nyametaburo** Cluster of Migori County which was conducted in November/December 2012. **Nyametaburo** is a rural cluster in Kuria West Sub-county, Kehancha Division, Bukira West Location of Migori County. Information from the cluster was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who were mainly the sub-county technical experts in the subject areas of the survey.

According to the 2009 National Population and Housing Census, the population for the county was projected at 1,028,028 persons in 2012 and is projected to increase to 1,152,165 in 2015 and to 1,243,272 in 2017. The county has a population growth rate of 3.8 per cent per annum, which was above the national average of 2.9 percent. The county covers an area of 2,596.5 Km<sup>2</sup>, with 478 km<sup>2</sup> of water surface.

In **Nyametaburo**, poverty incidences are high and the causes are varied, they include illiteracy, poor infrastructure network, laziness, cattle rustling and tribal animosity, among others. Poverty has led some of the people into alcoholism, early marriages, family break-ups, low transition rates, low agricultural productivity, increased dependency ratio, low level of education, low life expectancy due to poor diet and poor health.

Generally health services are available, although accessibility and affordability are a problem due to the distance involved and the high poverty incidences. Some of the challenges faced include inadequate provision of equipment and supplies, and shortage of specialised staff.

Most education facilities are in poor state and are inadequate; despite the fact that CDF has been helpful in constructing extra classrooms. The community cited inadequate teachers, FGM, clanism and extra charges to cater for additional PTA teachers, watchman and exams expenses, are some of the challenges faced by the community.

The community is aware of the available agricultural services. The services are accessible, though not affordable with the extension services being demand-driven. The Ministry of Agriculture, Livestock and Fisheries has provided avenues through which the community can access agricultural services such as farm inputs (subsidized seeds and fertilizers), extension services and sensitization on modern farming methods.

There are several major water schemes around the locality but most of these schemes are not located within **Nyametauro**. A large population of the community use pit latrines as their main toilet facility with a significant number lacking toilet facilities in their homes. This poses a great danger and as such, there are frequent outbreaks of water borne diseases such as cholera, typhoid and amoeba. In terms of waste disposal, majority of the community dispose their garbage in their farm gardens, garbage pits or dispose by burning. There have been various government projects aimed at promoting latrine usage and proper disposal of garbage.

HIV and AIDS, high poverty incidences, gender inequality and PWDs were identified as major cross-cutting issues of concern. The community noted that poverty had impacted on the vulnerable groups including PWDs, the elderly, female-headed households, the landless, the youth, the unemployed and OVCs.

To mitigate this, the community recommended that there is need to be sensitized on modern farming methods; promotion of positive cultural practices; capacity build vulnerable groups on entrepreneurial skills; promote unity and cohesiveness in the region; improve transport infrastructure/network and marketing systems; promote agricultural diversification as opposed to over-reliance on tobacco; promote value addition of agricultural produce; provide subsidized farm inputs and extension services; promote community based projects e.g. fish ponds, green houses; employ more personnel in the health sector to meet the demand; construct/equip health facilities with adequate equipment and drugs; construct maternity wards within each facility, complete with a theatre.

Further, the community felt the need to enforce FPE and punish parents who force their children to early marriages; increase the number of boarding schools and polytechnics and provide them with adequate facilities especially in the library and laboratories; establish adult education centres in the community; provide the

community with disinfectants for cleaning latrines and water guard for treating water;; organize more sensitization forums in the community on the importance of proper hygiene; construct water projects within the community to reduce the distance taken to the current water sources; promote community policing to reduce incidences of vandalism; deploy more extension officers in the area and improve access roads to all weather.

## LIST OF ACRONYMS

AI	Artificial Insemination
AFC	Agricultural Finance Corporation
AMREF	Africa Medical Research Foundation
ATDC	Agricultural Technological Development Centres
CBOs	Community Based organizations
CDF	Constituencies Development Fund
CHW	Community Health Worker
CT	Cash Transfers
DDO	District Development officer
DSO	District Statistics Officer
ECDE	Early Childhood Development Education
ESP	Economic Stimulus Programme
FBOs	Faith Based organizations
FGD	Focused Group Discussion
FPE	Free Primary Education
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KESP	Kenya Education Support Programme
KIHBS	Kenya Integrated Household Budget Survey
KKV	Kazi Kwa Vijana
LATF	Local Authorities Trust Fund
MDG	Millennium Development Goals
NAAIAP	National Accelerated Agriculture Input Access Project
NACC	National Aids Control Council
NALEP	National Agriculture and Livestock Extension Programme
NASSEP	National Sample Survey and Evaluation Programme
NCPB	National Cereals and Produce Board
NGO	Non-Governmental Organizations
NHIF	National Hospital Insurance Fund
OVC	Orphans and Vulnerable Children
PEC	Poverty Eradication Commission
PPA	Participatory Poverty Assessment
PTA	Parents Teachers Association
PWDs	Persons with Disabilities
RAs	Research Assistants
STI	Sexually Committed Infections
TOWA	Total War against AIDs programme
VCT	Voluntary Counselling and Testing
WEF	Women Enterprise Fund
YED	Youth Enterprise Development Fund

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Participatory Poverty Assessment (PPA) is a mechanism through which identified communities give their own definition and understanding of poverty based on their own discourse. Hence PPAs are aimed at understanding poverty from the perspectives of poor people including gaining a clearer notion of what their priorities are for improving their livelihoods. There is need to conduct regular PPAs in order to inform policy makers on decision making process regarding various interventions that help to get the poor out of poverty.

Participatory approaches add value in policy formulation and planning by enriching understanding of the realities of poverty and formulation of policies which address the plight of the poor. They increase the confidence and 'voice' of the poor while also acting as a learning process for the non-poor and often resulting in the creation of new networks. In addition, participatory approaches influence the images of poverty and public debate.

The previous Participatory Poverty Assessment (PPAs) studies were necessitated by the fact that inequality and poverty remain among key development challenges that the Government of Kenya continues to confront and address. While substantial attention has been placed on poverty alleviation, there exists a huge gap between the poor and non-poor in the entitlement to delivery of services. There also exists large disparities in incomes and access to education, health and to basic needs including; clean water, adequate housing and sanitation.

In addition, there exist other remarkable intra- and inter-regional and gender disparities in quality, accessibility, affordability and availability of services. These disparities become more pronounced among vulnerable groups such as people with disability, youth, people living with HIV/AIDS, orphans and the elderly.

### 1.2 PPA V Objectives

The overall objective of the study was to contribute to Kenya's poverty reduction strategy, by providing a richer and more informative database on the living standards, aspirations and needs of the poorer sections of the population. In this context, the fifth Participatory Poverty Study (PPAV) focused on two main areas:

- The impact of the various policies, strategies, programmes and projects aimed at reducing poverty and improving welfare; and
- Capture the voices of the poor among the communities with a special focus on social protection initiatives to inform policy planning and targeting.

More specifically, the participatory study sought:

- i. To gain a deeper understanding of the impact of the pro-poor initiatives based on the perceptions of the people themselves, especially the poor and vulnerable groups.
- ii. To broaden the process through which policies will be developed by engaging ordinary citizens in real debates to come up with the best ways of reducing poverty.
- iii. To identify and prioritize policies, strategies, programmes and projects which would support poor communities improve their wellbeing, focusing on pro-poor initiatives.
- iv. To integrate the respective contributions of participatory and qualitative approaches in the M&E strategy for Kenya.
- v. Monitoring impact to identify what outcomes are important to those affected by policy interventions themselves to help untangle complex processes of individual and community change.
- vi. Enriching understanding of the lived realities of poverty and arriving at policies which make sense to those affected to ensure equity and improvement of wellbeing in a clean and secure environment.

### **1.3 County/Cluster Profile**

According to the 2009 National Population and Housing Census, the population of the county was projected at 1,028,028 persons in 2012 and is projected to increase to 1,152,165 in 2015 and to 1,243,272 in 2017. The county has a population growth rate of 3.8 per cent per annum, which was above the national average of 2.9 percent. The county covers an area of 2,596.5 Km<sup>2</sup>, with 478 Km<sup>2</sup> of water surface.

The county has an inland equatorial climate modified by the effects of altitude, relief and the influence of Lake Victoria. The existence of favourable agricultural climate favours the cultivation of cotton, maize and a variety of other food crops. Rainfall is generally continuous with little distinction between short and long rains. Annual rainfall ranges between 700 and 1,800 mm.

Long rains occur between March and May while the short rains are between September and November. Dry seasons are between December and February and June and September. Land preparation for the main food crops, which include maize, cassava, sweet potatoes and pineapples are done between November-February and July-September. Harvesting is done between June-September and December-February.

**Nyametauro** is a rural cluster in Kuria West Sub-county, Kehancha Division, Bukira West Location of Migori County. In the county, 51 percent of the total population live in absolute poverty while 28 percent are food poor. This implies that more than half of the population lives below the poverty line.

## **1.4 Methodology**

### **1.4.1 Selection of the Cluster**

For the purpose of collecting information, one cluster, **Nyametauro**, was selected to represent the county. This was done using two stage purposive sampling that super-imposed on agro-ecological zones to cover common characteristics across similar zones. The aim was to capture as much variation as possible among the poor communities in the County. The Fifth National Sample Survey and Evaluation Programme (NASSEP V) maps (Kenya National Bureau of Statistics) were used to demarcate the boundaries of each of the selected cluster.

### **1.4.2 Process, Study Instruments and Field work**

This study used PPA tools and instruments including semi-structured oral interview questionnaires, focus group discussions, key informant interviews and observations. Specific tools which were used included resource mapping, wealth ranking, Venn/chapatti diagrams and pair wise ranking. The Village Resource Map was introduced before the introduction of other PPA tools, and Wealth Ranking was used to establish how the community categorizes itself economically. Attempt was made to identify households benefiting from the cash transfers so that they could participate during the administration of the specific data collection check lists so that accurate information was received to inform the discussions.

The checklist was mainly used to elicit specific and vital information on selected policy areas from the community. It was divided into two sections namely Poverty Diagnostics and Assessment of the Impact of pro-poor initiatives. The trained RAs administered the tools/instruments under the guidance of the supervisors to ensure quality of the data collected. The data collection process was similar for all selected sample sites as well as the format for data recording and analysis. This standardization was critical for overall data analysis and report writing.

The Key informant provided technical information about their particular areas of operation. Those interviewed included officers responsible for Public Health/Medical Services, Water, Agriculture/Livestock, Gender and Social Development, Basic Education, opinion leaders, DDOs and the District Commissioner.

### **1.4.3 Field Logistics**

The PPA-V study was conducted in two phases; Phase one was conducted between November and December 2012 while phase two (2) was conducted between November and December 2013. Information from the clusters was provided by the community members through Focused Group Discussions (FGDs) and household questionnaire and was complemented by the information from key informants who are the technical experts in the subject areas of the survey. The main policy areas of focus were Health Care, Basic Education, Agricultural Services and Inputs, Water and Sanitation, Housing, Cash Transfer (CT), Roads 2000, Devolved Funds such as Constituencies Development Fund (CDF) and Kazi Kwa Vijana (KKV).

In preparation for the Survey, the supervisors were introduced to the use of survey tools by the consultant. Advertisement for Research Assistants (RAs) was done one week prior to recruitment through the District Development Officer's (DDO) and District Statistics Officer's (DSO) office. The recruitment interviews were conducted for two days. Out of the applicants who were interviewed, six (6) research assistants per county were selected to assist in data collection in that specific county. RAs were deliberately recruited from the local community to ensure that they clearly understood the local languages, culture, traditions and the lifestyle and patterns of the people.

The training for researchers ran for five (5) days and data collection and report writing was done in four (4) days. During the training, RAs were taken through the introduction to Participatory Poverty Assessment and methodologies, guiding principles for participatory data collection and the data collection instruments.

To ensure the data collection instruments/tools were thoroughly understood, the research assistants conducted role plays. They were taken through the roles they were expected to play while in the field which included note taking, facilitating, observing and administration of the household questionnaires.

Other key areas covered during the training included data collection logistics, data storage, compilation of the site reports and the format of the cluster report. This report, therefore, presents the PPA V survey findings. It uses poverty perceptions as recorded from *Nyametauro* to draw inferences about the county.

## **1.5 Report Organization/Outline**

The report is divided into six (6) chapters including chapter one (1) which covers introduction. Chapter two (2) highlights the survey findings on poverty diagnostics

while chapter three (3) presents findings on provision of services in the selected policy areas (health care, basic education, agricultural services and inputs, water and sanitation and housing). Chapter four (4) covers the findings other pro-poor initiatives (policies and programmes) such as Cash Transfers (CT), Kazi Kwa Vijana (KKV), Roads 2000, devolved funds such as CDF, Women Enterprise Fund (WEF), Youth Enterprise Development Fund (YEDF) e.t.c and any other pro-poor interventions. Chapter five (5) covers cross-cutting and emerging issues while chapter (6) outlines the conclusions and recommendations

## CHAPTER TWO

### POVERTY DYNAMICS AND INDICATORS

#### 2.1 Introduction

Poverty is a multi dimensional phenomenon with several definitions. According to the Migori County Development Profile, 2013, the community associates poverty with inability of the individual or households to access basic needs. The profile states that 51 per cent of the population is estimated to be living below the poverty line, which is above the national average. Beyond the material wealth aspect of poverty, the vulnerability and multi dimensional deprivation of basic necessities such as food, health and education is a key aspect of poverty. The most vulnerable members of the community include the sugar cane cutting community, peasant farmers, Orphans and Vulnerable Children (OVCs), widows, the elderly and Persons with Disabilities (PWDs).

Factors advanced as being responsible for the sustained high levels of poverty include retrogressive cultural practices, socio economic issues, especially those surrounding HIV and Aids, poor physical infrastructure and socio-political issues. In addition, socio cultural practices such as early marriages, polygamy, wife inheritance and discrimination against women and girls also contribute to high poverty levels in the county.

With this in mind, PPA V wished to understand poverty based on the perception of the community, how they perceive and characterize poverty and what it is they think the government, in conjunction with key stakeholders, need to do to alleviate poverty in *Nyametauro* and by extension in the county.

#### 2.2 Definition of Poverty

According to the community, poverty is the inability of a person to achieve basic needs. One can also be considered poor if he/she lives below 1.25 US dollar equivalent per day. To them further, poverty is the state where one lacks meals and proper clothing.

#### 2.3 Classification of Poverty

The community categorised the community into three groups as follows; the rich, the poor, and very poor. The classification was based on the following: Lifestyle, housing, level of education, diet and access to financial institutions.

## 2.4 Characteristics of Poverty

In *Nyametauro*, the rich live in permanent houses, own businesses, can afford a balanced diet and have variety in their meals, take their children to private and boarding learning institutions and can afford basic needs. The rich also own land and other assets e.g. cars, *boda boda* and work in towns.

The poor mostly eat one type of food, take their children to public schools, and own small pieces of land. The very poor cannot provide for their children, cannot afford proper diet and often have one meal a day. The very poor cannot afford regular meals and mainly depend on what has been left over from peoples '*shambas*' to sustain them. They provide/offer casual labour in the farms for the rich to get a few coins. They usually own no land and live in grass-thatched houses that often leak, and are mad walled.

## 2.5 Causes of Poverty

According to the Key Informants (KIs), poverty in the community is as a result of illiteracy. Literacy levels in the community are very low which means that most people cannot get good jobs. Illiteracy in the community causes poor agricultural standards and lack of basic knowledge to establish businesses. With low literacy, therefore, the community cannot think wide. It was also established that, the community sells their farm products with no value addition thus not getting the most out of their products.

Poor infrastructure can also be blamed for poverty levels in the community. Poor road network is a hindrance to economic growth. A bag of sweet potatoes, for example, has to be transported by the farmer 30km away. The farmer gets low prices due to high transportation cost. The farmer is exploited further if the buyer goes to the farm himself. Farmers are exploited by middlemen, hence their produce do not fetch much in the market.

Laziness especially amongst the youth, some cultural practices e.g. Female Genital Mutilation (FGM) also increases the level of poverty in the community, most girls get married after undergoing FGM. This means that they drop out of school.

Cattle rustling is another cause which has resulted into death of bread winners, mostly young men. Clanism also results to poverty as no farming activity is carried out along the border when there are tribal clashes while businesses are paralysed.

The community is poor due to over reliance on tobacco. Farmers neglect food crops in preference of tobacco although the marginal returns are very low. Polygamy is

practiced in the community and households get more kids than they can provide for. Little or no involvement of women in major decision making was also pointed as out as a major cause.

To the community further, poverty is as a result of embezzlement of funds by politicians and those in leadership meant to put up projects in the area to benefit the community, high level of alcohol (illicit brew) consumption and unemployment.

## **2.6 Impact of Poverty**

According to the community members, poverty has led some of them into alcoholism, early marriages and family break-ups. High incidences have also led to low transition rates and low agricultural productivity. Being agriculture dependent, decreased production affects all other life aspects. With poverty, there is increased dependency ratio and level of exploitation by politicians and the elite in the society, low level of education, low life expectancy due to poor diet, inadequate food and poor health.

## **2.7 Coping Mechanism**

To cope with poverty, women form groups and organize merry-go-rounds. They also seek for loans from the Kenya Women Finance Trust (KWFT). Some community members depend on political handouts from politicians. Youth on the other hand move away from home in search for green pastures. Other youth and women do casual work, while some men resolve to alcoholism to avoid responsibility. Importantly, families resort to forcing their daughters to early marriages.

## **2.8 Assets Ownership, Access and Decision Making in the Household**

The main assets in the households in the community are land, houses, farm produce, cows, goats, sheep, poultry, utensils, bicycles and *boda boda*. They pointed out that men own such assets as land, cows, sheep, goats, bicycles and *boda boda* and farm produce while the women own the poultry and utensils only. Concerning decision making and asset disposal, the community said that, according to their culture, the head of the household has absolute power of disposing off of the assets. However, the young families said that both spouses agree before disposing off the assets.

## **2.9 Poverty Trend in the Last 10 years**

According to the KI, poverty incidences have been declining. However, to the community, the intensity of poverty has increased in the last 10 years because of rise of population, erratic weather patterns, sub-division of land, retrogressive cultural practices, HIV and AIDS and poor physical infrastructure. In addition, socio cultural practices such as early marriages, polygamy, wife inheritance and discrimination against women and girls are some of the reasons behind the trend.

## **2.10 Recommendations**

In *Nyametaburo*, poverty levels can be reduced by:

- i. Sensitizing farmers on modern farming methods;
- ii. Promotion of positive cultural practices;
- iii. Capacity building of vulnerable groups on entrepreneurial skills;
- iv. Promotion of unity and cohesiveness in the region;
- v. Improvement on transport infrastructure/network and marketing systems;
- vi. Agricultural diversification as opposed to over-reliance on tobacco;
- vii. Promoting value addition of agricultural produce;
- viii. Empowerment of vulnerable groups through training and provision of loans;
- ix. Provision of subsidized farm inputs and extension services; and
- x. Promotion of community based projects e.g. fish ponds, green houses.

## **CHAPTER THREE**

### **FINDINGS ON PROVISION OF GOVERNMENT SERVICES**

#### **3.1 HEALTH CARE**

##### **3.1.1 Introduction**

According to the Migori County Development profile, 2013, access to health facilities is still a challenge in the county. Currently, there is one (1) county (formerly district) hospital, 11 sub-county hospitals and several health centres, dispensaries and clinics. There are also a few private mission hospitals, dispensaries and clinics supplementing services provided by the public facilities. Some of the challenges facing this sector in the county include inadequate provision of equipment and supplies, shortage of specialised staff which is evident by the doctor/population ratio of 1:84,000 while the nurse/population ratio is 1:6000, and the accessibility of the health care services. In addition, the average distance to the nearest health facility in the county is 5 Km. This has forced community members to seek medical assistance in the few private health facilities while the poor opt for herbal medicine. The government has however, tried to address these issues through recruitment of 140 nurses and construction of seven health facilities under the Economic Stimulus Programme (ESP).

##### **3.1.2 Major Health Concerns**

The major health concerns in the community include malaria, Upper Respiratory Tract Infection (URTI), diarrhoea, intestinal worms, skin infection, pneumonia, Urinary Tract Infection (UTI), eye and ear infections. Malaria is ranked as the highest health concern due to lack of/ (usage of) treated bed nets, uncleared bushes and stagnant water.

There are some non-communicable diseases that have been detected in the community such as cervical cancer, prostate cancer, diabetes and hypertension. According to the KI, more than 100 cases have been confirmed within the locality.

To the KI further, the sub-county has 2,350 active HIV and AIDS clients who are on ARV's of which 60 of these are children. It was confirmed that majority of these clients suffer stigmatization and discrimination from other community members.

### **3.1.3 Provision of Health Services**

In the sub-county, there is a total of 23 public health hospitals, four (4) faith based and eight (8) registered private clinics. The facilities offer rehabilitative, curative and preventive services, the major referral being level V hospital in Kisii County. The services offered are satisfying and of good quality despite some challenges arising from shortages of medicine in some seasons when there is a disease outbreak. The community was in agreement that they can afford the services offered in the public institutions where they are charged a fee of Kshs 50 for registration.

### **3.1.4 Interventions to Improve Health Standards**

Some of the interventions in the community include sensitization and awareness creation, for example, on the use of condoms. There are active participation and support groups for People Living with HIV/AIDS (PLWHAS).

### **3.1.5 Household Involvement in Decision Making on Health**

The head of the household, in most cases, the man, makes the decision regarding health issues for example, decides the type of health facility to be visited and also provides the funds.

### **3.1.6 Ideal Family Size**

According to the KI, in the sub-county, households have up to seven (7) members, including the father and mother. To the community, each household has at least 10 members including the father and mother.

### **3.1.7 Access to Family Planning Services**

Women access the family planning services from both the public and private health facilities. But they complain of facing side effects which are associated with the services, resulting to discontinuity of the services.

### **3.1.8 Decision Making on Family Planning Services**

The man always makes the decision on family planning issues. Men do not support the usage or access of these services and therefore have low commitment on the usage of the services. This has resulted to most women going for other secretive options.

### **3.1.9 Relationship of Household Size and Poverty**

The larger the household size the more chances of getting poor. Large household size faces problems in accessing proper education, health services and proper nutrition. Poverty leads to lack of appropriate medication and hence low productivity.

### **3.1.10 Status of Health in the Last 10 Years**

The status of health in the last 10 years has improved especially in the departments such as immunization levels which were at a low of 42 percent in 2002 and has increased drastically to 80 percent in 2012. Maternity services have also improved since no charges are levied. Child Mortality Rates (CMRs) have also reduced drastically. Infrastructure has improved for example electricity which enables access to services like x-ray. Latrine coverage has moved from 17 percent to 63 percent which is a well noticeable improvement. Curative services in the facilities have also improved due to increase in the number of doctors as compared to 10 years ago. There is a good distribution of health facilities in the last 10 years. Equipment are fairly enough e.g. in 1993, there were six (6) sub-county hospitals in Kuria and now there are 23 in number. Access and usage of family planning services has also improved.

However, the sector has suffered several challenges including inadequate personnel and equipment in the health sector. Corruption is a challenge and staff members in the maternal department ask for some payments, *Kitu Kidogo* (bribe), in favour of services and yet they are free. Transport and referrals is a major challenge.

Facilities such as laboratories, theatres, and other important requirements are not adequate. Further, some of the facilities have no electricity, water and drainage systems. Staff accommodation is a challenge.

### **3.1.11 Recommendations**

The *Nyameta* community recommended that, the government should:

- i. Employ more personnel in the health sector to meet the demand;
- ii. Construct/equip health facilities with adequate equipment and drugs;
- iii. Construct maternity wards within each facility, complete with a theatre; and
- iv. Provide accommodation to health facility staff to ensure their availability always (24/7).

## **3.2 EDUCATION**

### **3.2.1 Introduction**

The county had 1,149 Early Childhood Development Education (ECDE) centres and 1,785 teachers with an enrolment of 109, 990 pupils in 2012. The gender parity has also been maintained with 50,776 boys and 51,214 girls; a ratio of nearly 1:1. The teacher-pupil ratio stood at 1:61. The county has 808 primary schools and 5,235 teachers. The transition rates stood at 68.8 per cent and completion rate 68.8 per in 2012. However the major challenge facing this age group include lack of physical infrastructure, insufficient teachers, textbooks and poor performance in national examinations.

Kuria West Sub-county has primary and secondary schools in every location. Currently, Kuria West District has 92 Public Primary Schools, 21 Private Primary Schools, 30 Public Secondary Schools, 8 Private Secondary Schools and 1 University with branches in Kehancha, and Isebania Locations. According to the KI, these institutions are accessible in terms of distance to the community. This view is shared by the ***Nyameta*** community which has a public primary school and a government secondary school a Kilometre away from most households.

The institutions are managed by the government with the community playing the role of providing support to their children by paying for exam fees, buying uniform and buying textbooks. A high percentage of the population aged 18-35 is semi-illiterate.

### **3.2.2 Status of Education Facilities**

Learning facilities improved especially since the introduction of devolved funds such as the Constituency Development Fund (CDF) and the Local Authority Trust Fund (LATIF). These funds have been used in construction of classrooms, buying of desks, purchase of books (exercise books) and teaching materials. The education facilities are managed by the school management committees which comprise the head teachers, the community and sponsor for instance religious organizations. However, pupils still share desks, textbook and some schools even lack teaching aids.

### **3.2.3 Provision of Education Services**

The government has introduced Free Primary Education (FPE) to ensure all school going children attend school and benefit from free education. A part from the government, religious organizations have also built schools in the sub-county although ***Nyameta*** had only public institutions. Children are provided with

exercise books and desks although parents are required to buy textbooks, uniform, pay examination fee, and also pay teachers for extra tuition, and pay for teacher employed by Parents Teachers Associations (PTAs). As much as primary and secondary schools are set up by the government within the area, most nursery schools share facilities with churches; most of them are usually inside churches.

#### **3.2.4 Interventions towards Improvement of Education Standards**

In order to improve the standard of education in the sub-county, the government introduced funds to ease the burden of fees on parents. The Constituency Development Fund (CDF), the Local Authority Transfer Fund (LATF) and bursaries are offered to students in secondary school who have done well in exams but cannot afford fees.

The government rolled out a school feeding programme which the members of the community know about but have not benefited from it. Most members of the community viewed the programme as meant for other communities and not theirs since they only hear of it.

The community being an area with problems of Female Genital Mutilation (FGM) faces high dropout rates. The government and religious organizations organize/set up rescue centres during FGM seasons to protect girls from the cut and dropping out of school.

Sensitization and mobilizing parents is done to enlighten them and their children on the importance and advantages of education. By addressing the community, the community becomes aware about the relationship between poverty and education and understand the benefits of education.

More schools are being built in the community and with interventions from Faith Based Organizations (FBOs), most poor children are exempted from charges at school. Where parents are seen to be irresponsible, the government steps in and offers help to the children.

#### **3.2.5 Relationship between Education and Poverty**

The community was of the opinion that education is highly related to poverty. The community argued that education eliminates poverty through employment of the learned in different households, hence uplifting the standards of living in the community.

Poverty remains the major factor contributing to drop-out in the area. Most households live below the poverty line and struggle to survive or sustain themselves. A frustrated parent may opt to marry off his young girl child to get cows (dowry) so as to settle another bill/buy a piece of land for farming or pay school fees for another child. Because of poverty in a household, the girl's education has to stop and literacy levels in the community go down.

The same girl, married to a young boy who has not completed school, gives birth and has to take her children to school. With her interrupted education, she cannot get a proper job and therefore cannot also give her children proper/good education. They end up not going to school and it becomes a cycle of poverty.

A drop-out who chooses agriculture or business to earn a living does not have skills needed to farm and to run a business. The venture proves futile and offers no growth thus poverty is not eliminated as it would have been if the community was educated.

### **3.2.6 Status of Education over the Last 10 Years**

Over the last ten (10) years, the community feels that the education facilities have moved closer to them in terms of distance. The nearest school, to them, is about 3 Km away. However; the community sees a decrease in the number of teachers in these institutions. Since the introduction of CDF, facilities have improved and the community has moved from learning under trees to classrooms.

In their own assessment, enrolment has increased although not a very high number is enrolling to the institutions. A higher number of girls are enrolling into schools and over the last 10 years, the girls performed better than the boys. Overall, there has been centres of excellence in the sub-county for instance Igena Primary School, Taranganya Boys Secondary School, Taranganya Boarding Girls Primary School.

Women are getting more involved in education. The girl child is being taken to school and the numbers are increasing. Women, however, are left with the burden of educating their children on their own. The men/fathers do very little or nothing at all to educate the girls. Up until now, there is no organization that offers scholarships to students that perform well in exams to motivate them to work harder..

During the circumcision period, most girls and boys drop out of school and to get married, thus reducing the number of students in the schools.. Transition from one level of education to the other is still low due to lack of awareness and ignorance on

the importance of education. More schools are being opened up but teaching staff are few compared to the number of students.

The laptop project by the government has also been introduced although it has not been rolled out. Parents in the community are fully aware of the upcoming project and highly expect them to boost education. However, the community borders Tanzania and children from the neighbouring country benefit from such government projects. The main challenge according to the KI is the disappearance of text books and other teaching materials from the schools bordering the country.

**Nyametauro** borders Tanzania and has a high number of Tanzanian children enrolling in Kenyan schools. The communities on both sides of the border are Kuria thus causing a challenge in distinguishing between those eligible to benefit from such programmes as FPE and laptops i.e. Kenyan children from those not eligible (Tanzanian Children). This means that most Kenyan children miss out on these opportunities.

The community does not value education very much, and where they do not, poverty forces most children to drop out of schools. Parents in the community are not fully aware/neglect their roles. To parents, FPE means that everything is free. The community members do not in some instances provide text books, uniform, build schools in the community. They fully depend on free provision which hinders education. In addition, fathers are not supportive of their children in the area.

Another challenge is poor staffing of teachers in the area. The number of teachers is not sufficient to cope with the rising enrolment in the schools. The teacher-pupil ratio is un-proportional.

FGM in the community also brings up a challenge in that during the circumcision period many children drop-out and never go back to school as some consider themselves grown up and ready to marry. Some view their teachers as equals and are not willing to get orders thereby dropping out of school.

Clanism is a major challenge. The clans in the community often have disgruntles and have inter-clan wars. Due to this, most schools along clan borders face problem of teachers who are from opposite clans. The children from opposite clans/warring clans cannot access schools that are on the other side.

The examination fees demanded by the teachers in some cases are exploitative. The libraries and laboratories in most schools lack equipment and books making learning difficult.

### **3.2.7 Recommendations**

The community recommended that:

- i. The provincial administration should enforce FPE and punish parents who force their children to early marriages;
- ii. The number of boarding schools and polytechnics should be increased and provided with adequate facilities especially in the library and laboratories; and
- iii. Establish adult education centres in the community.

### **3.3 Water and Sanitation**

#### **3.3.1 Introduction**

The CIDP, 2013 lists the major sources of water in the county to include rivers, boreholes, shallow wells, springs and the lake. Rivers provide water for irrigation, especially in Nyatike Sub-county since they are perennial and accessible; Gogo Falls in Kuja is used for production of hydro-electric power while Lake Victoria provides abundant supply of water and fish which is important to the economic and social development of the region. However, all the rivers in the county are not navigable due to cataracts, falls and meanders. They are hence not ideal for transportation.

In addition, 40.9 per cent of the residents get water for domestic use from streams while 18.6 per cent seek it from unprotected springs/wells. Others get their water from ponds while 11.6 per cent harvest rain water. Due to the fact that the majority gets their water from unprotected springs and streams, there are frequent outbreaks of water-borne diseases like diarrhoea, typhoid and cholera in the county. The county therefore needs to heavily investment in sustainable water supplies to promote health and development.

59.8 per cent of the community use pit latrines as their main toilet facility with 35 per cent lacking toilet facilities in their homes. This poses a great danger and as such, there are frequent outbreaks of water borne diseases such as cholera, typhoid and amoeba. In terms of waste disposal, majority of the community (64 per cent) dispose their garbage in their farm gardens, garbage pits (14 per cent) or disposal by burning (5.6 per cent). There have been various government projects aimed at promoting latrine usage and proper disposal of garbage. Some of the projects are South Nyanza Community Development Project (SNCDP) and the programmes under the Ministry of Public Health and Sanitation.

#### **3.3.2 Type of Water and Sanitation Services Available**

In *Nyametauro*, some of the water services available are rivers, boreholes, streams, springs, and harvested rain water. Sanitation services available are latrines, hand washing facilities e.g. water tank. The community has a borehole dug five (5) years ago.

#### **3.3.3 Water and Sanitation Programmes**

Nuru has been a common programme in the community and has dug shallow wells and boreholes. Under the programme, a borehole was drilled at the nearby primary school five (5) years ago. Other water projects are located at Naora, Ikerege, and

Karos. They were implemented using CDF money. The Africa Development Bank (ADB) is providing piped water from Migori to Sirare and maybe Ikerege, Kehancha. Migori, Kuria Transmara (MIKUTRA) is a water and sanitation programme that provides the service in Migori County. Community Water Projects requested for a proposal. The community is actively involved.

### **3.3.3 Roles of the Community in Water and Sanitation**

Water projects are managed through elected committees. The community elects a Committee with representation from both men and women. However, women face challenges, due to the distance from the household to the water source. The Committee works together with the Ministry of Environment, Water and Natural Resources, especially in water catchment areas, to stem out deforestation.

### **3.3.4 Relationship between Water and Sanitation, and Poverty**

Consumption of contaminated food and water leads to diseases and hence poverty because one cannot perform well in school or at work. Contaminated water consumption leads to water borne diseases as outlined in the health chapter. Poor hygiene and sanitation leads to poor health leading to poverty. When there is no water, death of animals increase, then poverty increases too.

### **3.3.5 Interventions**

There are various interventions taking place within the community e.g. construction of pit latrines and provision of hand washing facilities in institutions like schools and hospitals. Sensitizations have also been organized in the community to enlighten community members on the importance of proper hygiene.

However, the community noted the following challenges as having hindered provision of services in the sector.

- i. Vandalizing of underground water pipes installations and yet locals are not willing to pay the usage fee which is used for repairs and maintenance;
- ii. Sources of water are the same for both domestic and livestock; and
- iii. The distance from the household to the water source (river) is a challenge. Due to this, water fetched for domestic use and drinking is unsafe thus posing risks of getting water borne diseases. Purchasing of water guard for water treatment before drinking is unaffordable to the community.

### **3.3.6 Recommendations**

The community felt that, the government should;

- i. Provide them with disinfectants and cleanliness of latrines and provision of water guard for treating water;
- ii. Organize more sensitization forums in the community on the importance of proper hygiene;
- iii. Construct water projects within the community to reduce the distance taken to the current water points ; and
- iv. Should promote community policing to reduce incidences of vandalism.

## **3.4 AGRICULTURAL SERVICES AND INPUTS**

### **3.4.1 Introduction**

Kuria West Sub-County is one of the 7 sub-counties in Migori County. It is the southern-most bordering Tanzania to the South-west. It covers an area of about 394.7 km<sup>2</sup> (39,470 Ha) of this 93 percent is arable and 75.5 percent currently cultivated. Most farmers are produce crops and keep livestock. The sub-county is a high rainfall zone with four (4) agro-ecological zones. It receives bi-modal rainfall of 1,200-2,800mm per annum. The main crop enterprises include maize, sorghum, beans, sweet potatoes, cassava and tobacco. Households keep sheep and practice poultry farming.

### **3.4.2 Provision of Agricultural Services**

According to the KI, the Ministry of Agriculture, Livestock and Fisheries has provided avenues through which the community can access agricultural services such as farm inputs (subsidized seeds and fertilizers), extension services and sensitization on modern farming methods. The community is aware of the existence of such services but do not access them, citing inadequate number of staff to provide extension services.

### **3.4.3 Interventions towards Improving Agricultural Production**

The KI pointed out that, plans are underway to come up with projects in the area to promote highland rice production by providing free seeds and fertilizer to 500 farmers every year. Others include water harvesting structures e.g. ponds to provide water during dry season, promotion of horticulture by supporting the youth and women groups with green houses in every ward.

However, the community seemed unaware of any interventions by the Ministry to help them improve in the agricultural production.

### **3.4.4 Target Group for Agricultural Services**

All these interventions target both gender even though women are more involved. In deciding priorities for these interventions, the community is involved, though at times the Ministry only gives technical guidelines in the case of an emerging crop. There is also provision of farm inputs to promote and improve agricultural production.

### **3.4.5 Status of Agricultural Services in the Last 10 Years**

There has been an increase in the sensitization of farmers on modern farming methods. However, the level at which the community adopts to these methods is very low. The communities are being empowered through effective and efficient information delivery. There has also been increase in promotion of sustainable agricultural practices, especially in land management. The cost of farm inputs (although subsidised) has been high. This makes farmers to debunk maize seeds, which they plant without fertilizer. This has reduced the yields overtime.

The following challenges to agricultural production were noted:

- i. High illiteracy level which hinders training resulting to low adoption of modern technology;
- ii. Inadequate coordination of major agricultural stakeholders e.g. suppliers of farm inputs, extension services providers, marketing agents (weak value chain);
- iii. Poor linkages between extension facilitating factors e.g. infrastructure, business, financial and information services, legal and institutional frameworks;
- iv. Inadequate power supply, inadequate water supply and physical market infrastructure;
- v. High dependency of rain-fed crop production system;
- vi. Poor access to farm inputs;
- vii. Crop pests and disease, reducing farm margins;
- viii. Inadequate credit facilities due low saving culture within the area as well as low incomes from tobacco. Partnership with financial intermediaries has not taken root;
- ix. Cultural bias awards women leading to poor participation of women in agricultural activities; and
- x. Inadequate staffing in the sector.

### **3.4.6 Recommendations**

The community was of the opinion that there was need for:

- xi. The government to deploy more extension officers in the area;
- xii. Improvement of access infrastructure i.e. roads;
- xiii. Construction of more modern storage facilities;
- xiv. Sensitization of farmers on modern farming methods and system;
- xv. Increased access to credit facilities; and
- xvi. The government to provide farm inputs (seeds and fertilizer) at a subsidized price.

## **3.5 HOUSING**

### **3.5.1 Introduction**

According to the Migori County Development Profile, 2013, about 71 per cent of the population use mud and wood as walls for their houses while 16 per cent use bricks/ blocks, 9 per cent use mud/ cement and 3 per cent use corrugated iron sheets. 73 per cent use corrugated iron sheets as roofing material while 27 per cent use grass. Regarding floor materials, 74 per cent use earth while 25 per cent use cement to floor their houses. The low usage of cement is attributed to the high cost of cement. In *Nyametauro*, almost all community members own a house.

### **3.5.2 Types of Building Material**

The community mainly uses grass, rafters, construct poles (twigs) and mud to construct grass-thatched houses, which are common in the area. Those with semi-permanent houses use iron sheets, timber, mud and cement. A few who own permanent houses use bricks, cement, timber, iron sheets, nails and sand to construct them.

### **3.5.3 Types of Housing and Household Headship**

Men are the heads of their households in the community except for cases where the man is deceased or has run away from his home leaving the household leadership under his wives. PLWD, OVCs and the elderly are neglected. In most cases and because of high levels of poverty in the area, and as a result of no one is willing to feed an extra mouth which does not produce neglect is of high order.

### **3.5.4 Status of Housing in the Last 10 Years**

The community noted that most of its members are transforming from grass-thatched to iron-thatched houses. The sector faces several challenges in the area. These include scarcity of grass to thatch while iron sheets are expensive; only a few can afford to buy them. Further, grass-thatched houses require renovation after a short period of time, proofing to be expensive. The cost of trees for construction is high. Houses are swept by floods during rainy season since most of them are mud-walled.

### **3.5.5 Recommendations**

The community recommended the need to enlighten them on how to make Stabilized Interlocking Blocks which do not require motor, hence reducing the cost of construction.

## CHAPTER FOUR

### PRO-POOR INITIATIVES

#### 4.1 PRO-POOR INITIATIVES

Pro poor initiatives include cash transfers to the deserving people, Kazi Kwa Vijana, Road 2000, and devolved funds.

##### 4.1.1 Cash Transfers

In Kuria West, the programme started in 2009. Most of the beneficiaries are located at Bubumbe West with 239 beneficiaries who are elderly; and Bukira East with 100. Bukira Central has just a few of them. The CT for elderly is meant for those that are 65 years and above, and not pensionable. Further, one must have lived in the area for at least 2 years. The beneficiaries get Kshs. 2,000 each month.

The CT for PWDs targets those with severe disabilities. Like the CT for the elderly, the amount given for the CT for PWDs is Kshs. 2,000 per month. The beneficiaries receive the payment for themselves, but in some cases relatives and close friends collect and give accountability on their behalf.

According to the community, the amount given is not enough to cater for their needs but they manage with the least they get. However, the programme has impacted the livelihood of the beneficiaries by empowering the community as a whole. Some of the beneficiaries have bought chicken while others have enhanced their farming. The community confirmed that there is one OVCs benefiting from *Nyametauro*. However, the community complained that there are few beneficiaries for the CT elderly.

##### 4.1.2 Kazi Kwa Vijana (KKV)

The community pointed out that the programme is being implemented in almost all the wards in the county. . The main beneficiaries are the youth who were directly employed with the involvement of the community. The daily wage is Kshs. 250 per day which is paid after the completion of the work. The payment is done in cash, although currently it is being affected through the bank. The beneficiaries are selected through the chief's office and the ones with special needs are considered. The programme has impacted the youths to open up small business enterprises and create a forum to open groups to enable them access the funds.

### **4.1.3 Roads 2000**

This program started in the year 2000 and involves construction and maintaining of roads using labour intensive techniques. The beneficiaries are men, women, youth and disabled. Before any project commences, a roads committee is selected. The committee has a role of linking the community and the implementing office. It helps in solving disputes such as those involving casual labourers engagement. PWDs are given special considerations while sharing duties and responsibilities. For example, most are given clerical duties. The casuals are paid Kshs. 378 per day. The mode of payment is either through payroll or occasionally through the banks.

## **4.2 Devolved Funds**

The community is aware of Women Enterprise Fund (WEF) and the Constituency Development Fund (CDF). Women Enterprise Fund (WEF) started in 2007 and the beneficiaries are located in both Kuria East and West Districts. Initially, groups received Kshs. 50,000 per group. The minimum amount was increased to Kshs. 100,000 shillings. For a group to be eligible for a loan, it must be registered with the Ministry responsible for social services and have a bank account (active) with Kenya Commercial Bank (KCB). The groups are normally given some grace period before making their monthly payments. The most preferred bank account is *Jiinue*, which charges no interest.

Women feel that the money loaned to them comes from the government and so they should not pay for them. In some cases, men snatch the money from the women in the household. There is also inadequate staff and equipment, poor infrastructure (few offices and transport at the groups' premises). The programme is affected by high levels of illiteracy and ignorance in the community.

CDF has implemented several water, education and health projects in the community; hence they are aware of its existence.

The community recommended the need for more sensitizations on the other devolved funds available and how one can access them.

## CHAPTER FIVE

### CROSS CUTTING AND EMERGING ISSUES

#### 5.1 Introduction

In Migori County, HIV and AIDS, PWDS, poverty and gender inequality are identified as the key cross-cutting issues. An analysis of each is presented below.

#### 5.2 HIV and AIDS

This is common in the Kuria community. There are 2,350 active clients on Anti-Retroviral (ARVs), 60 of them being children under the age of 15 years. The rest are from Transmara and the neighbouring border country. Majority of the community members avoid knowing their status since there is stigmatization and discrimination. Most of the infected people fear to disclose their status to their partners and household members. Voluntary Counselling and Testing (VCT) services are not offered in the health facilities.

Condom use is not effective due to lack of sensitization. The level of illiteracy is high. Provision of ARVs is poor in the health facility, though the uptake is good in some facilities. Some of the interventions include active participation and formation of support groups.

#### 5.3 Person with Disabilities (PWDs)

According to the 2005/2006 Kenya Integrated Household Budget Surveys (KIHBS) and *Nyametauro* community, a significant proportion of the county's population has some form of disability. About 30 per cent of the persons with disability are lame while 30 per cent are mentally ill. This creates an urgent need to put in place strategies and facilities that will ensure these groups make significant contribution to the development of the economy. This may include construction of health and educational facilities to support them and constructing structures which are friendly to the physically disabled; including approaches to offices.

#### 5.4 Gender Inequality

According to the 2009 National Population and Housing census, women comprise 52 per cent of the county's population. Despite this majority status, the role of women in economic development is still downplayed. Men still control the main means of production. Women cannot access credit for significant investment since most financial institutions require title deed as collateral. Titles still remain under the men's control. This state of affairs occurs despite common knowledge that women

are most productive especially in agriculture where they devote much of their time working on the land.

The involvement of women is still confined to the search for food for the household.. This continues despite the fact that most interventions in development target the participation of women as beneficiaries. Women continue to be disadvantaged in terms of access to resources such as land and other assets that are still the preserve of men in ownership and inheritance. The existing situation limits women's access to credit facilities. The Women Enterprise Fund is expected to address such shortcomings in the quest for women empowerment.

Affirmative action in employment will have to be scaled up beyond the public service to include the private sector. Furthermore, equal opportunity in education will have to be guaranteed to correct differences in attainment of education, which has confined women to less rewarding sectors. Measures to address gender inequality at the county level have to focus on improving access to education and literacy levels among women in the county. A strong campaign for the promotion of the girl child education is already underway. Organizations such as the Kenya Female Advisory and Development Organization (KEFEADO) and UNICEF have taken active roles in this direction.

## CHAPTER SIX

### RECOMMENDATIONS AND CONCLUSION

#### 6.1 Recommendations

To improve on their livelihoods, the *Nyametauro* recommended the need to:

- i. Sensitizing farmers on modern farming methods;
- ii. Promote positive cultural practices;
- iii. Capacity build vulnerable groups on entrepreneurial skills;
- iv. Promote unity and cohesiveness in the region;
- v. Improve transport infrastructure/network and marketing systems;
- vi. Promote agricultural diversification as opposed to over-reliance on tobacco;
- vii. Promote value addition of agricultural produce;
- viii. Provide subsidized farm inputs and extension services;
- ix. Promote community based projects e.g. fish ponds, green houses;
- x. Employ more personnel in the health sector to meet the demand;
- xi. Construct/equip health facilities with adequate equipment and drugs;
- xii. Construct maternity wards within each facility, complete with a theatre;
- xiii. Enforce FPE and punish parents who force their children to early marriages;
- xiv. Increase the number of boarding schools and polytechnics and provide adequate facilities especially in the library and laboratories;
- xv. Establish adult education centres in the community;
- xvi. Provide the community with disinfectants and water guard for treating water, and cleanliness of latrines;
- xvii. Organize more sensitization forums in the community on the importance of proper hygiene;
- xviii. Construct water projects within the community to reduce the distance taken to the current water sources;
- xix. Promote community policing to reduce incidences of vandalism;
- xx. Deploy more extension officers in the area;
- xxi. Improve access roads to all weather;
- xxii. Provide farm inputs (seeds and fertilizer) at a subsidized price; and
- xxiii. Enlighten the community on how to make Stabilized Interlocking Blocks which do not require motor, hence reducing cost of construction.

## 6.2 Conclusions

In **Nyametauro**, poverty incidences are high. The causes are varied, and include illiteracy, poor infrastructure network, laziness, cattle rustling and tribal animosity, among others. Poverty has led some of the people into alcoholism, early marriages, family break-ups, low transition rates and low agricultural productivity. Being agriculture dependent, decreased production affects all the aspects of life. With poverty, there is increased dependency ratio with the high level of exploitation by politicians and the elite in the society, low level of education, low life expectancy due to poor diet, inadequate food and poor health.

On access to health services, generally health services are available, although accessibility and affordability are a problem due to the distance involved and the high poverty incidences. Some of the challenges faced include inadequate provision of equipment and supplies, and shortage of specialised staff.

Most education facilities are in poor state and are inadequate; despite the fact CDF has been helpful in constructing extra classrooms. The community cited inadequate teachers, FGM, clanism and extra charges to cater for additional PTA teachers, watchman and exams, as some of the challenges they faced.

The community is aware of the available agricultural services. The services are accessible, though not affordable with the extension services being demand driven. The government through the Ministry of Agriculture, Livestock and Fisheries has provided avenues through which the community can access agricultural services such as farm inputs (subsidized seeds and fertilizers), extension services and sensitization on modern farming methods.

There are several major water schemes within the locality but it should be noted that most of these programmes are not located within **Nyametauro**. Consumption of contaminated food and water leads to diseases and hence poverty because one cannot perform well in school or at work. Consumption of contaminated water leads to diseases like cholera, typhoid (water borne diseases). Poor hygiene and sanitation will also lead to poor health leading to poverty. When there is no water, death of animals increase, then poverty increases too.

HIV and AIDS, high poverty incidences, gender inequality and PWDs were identified as major cross-cutting issues of concern. The community noted that poverty had impacted on the vulnerable groups including PWDs, the elderly, female-headed households, the landless, the youth, the unemployed and OVCs.

The pro poor initiatives though not adequate according to the community are having tremendous impact on those who are targeted.

From the findings of the survey, the bulk of the poor in the county are found in the rural areas. The most affected categories of persons being the disabled, women headed households, slum dwellers, the landless, the aged, the OVCs and unemployed youth. The findings also indicate that prevalence of poverty is closely linked to access to provision of services. The study therefore recommends that efforts should be made by both the county and national government to ensure implementation of the community recommendations so as to graduate them from poverty. Such efforts include; Road network must be improved to spur economic activities this could contribute greatly to improving access to markets particularly for horticultural produce; rural electrification in the constituencies should be accelerated and empowerment of the youth and women.